PART B - FEE(S) TRANSMITTAL

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(571) 273-2885 or Fax

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| 7590 12/30/2005 | | | | have its own certifica | have its own certificate of mailing or transmission. | | |
| Philip W. Woo SIDLEY AUSTIN BROWN & WOOD LLP 555 California St. Suite 5000 | | | | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | |
| San Francisco, CA 94104-1715 | | | | | | (Depositor's name) | |
| , | | | | | | (Signature) | |
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| APPLICATION NO. | FILING DATE | FI | RST NAMED IN | VENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| 09/751,807 | 12/29/2000 | | Min Zhı | 1 | M-8855 US | 5221 | |
| TITLE OF INVENTION: FA | AULT-TOLERANT DISTRIE | SUTED SYSTEM | FOR COLLAB | ORATIVE COMPUTING | 3 | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | 3 | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | NO | \$1400 | | \$300 | \$1700 | 03/30/2006 | |
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| COULTER, KENNETH R | | 2141 | | 709-204000 | | | |
| CFR. 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN | | on form of a Customer PRINTED ON THOM, no assignee dithis form is NOT | (1) the names or agents OR, (2) the name registered atto 2 registered p listed, no name HE PATENT (pata will appear a substitute for RESIDENCE: | of a single firm (having a orney or agent) and the na atent attorneys or agents. ie will be printed. | sent attorneys 1 Sutcl sent attorneys 2 | document has been filed for | |
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| | (from status indicated above) MALL ENTITY status. See 3 | 7 CFR 1.27. | b. Applicant | t is no longer claiming SM | IALL ENTITY status. See 37 (| CFR 1.27(g)(2). | |
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| Typed or printed name Joseph K. Liu Registration No. 51,957 | | | | | | | |
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